

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Portman For Senate Committee**

Full Name (Last, First, Middle Initial)

## **A. Pearson and Associates**

Mailing Address 900 19th Street NW  
Floor 8

City Washington State DC Zip Code 20006-2105

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Amount of Each Disbursement this Period

160

Transaction ID : B-E-54285

001

Category/  
Type

## **B. Pearson and Associates**

Mailing Address 900 19th Street NW  
Floor 8

City Washington State DC Zip Code 20006-2105

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Amount of Each Disbursement this Period

2020.09

Transaction ID : B-E-54193

001

Category/  
Type

## **C. Pearson and Associates**

Mailing Address 900 19th Street NW  
Floor 8

City Washington State DC Zip Code 20006-2105

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

Amount of Each Disbursement this Period

374

Transaction ID : B-E-55562

001

Category/  
Type

Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2554.09